

Commissioners; semi-structured interview schedule

Ask interviewee to describe their current role and their involvement in the commissioning of dermatology services or vitiligo in particular.

1. Can you tell me about the process of how clinical commissioning decisions are made in your CCG? It might be easiest to talk me through a recent example of when your CCG made a decision about a new treatment or service.

- How do you decide which treatments or services reach the table for consideration in the first place?
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- Do you get any input from anyone from outside the commissioning team when commissioning decisions are made?
- Does your CCG use standardised commissioning guidance?

2. What are your views as a commissioner on vitiligo?

- To what extent are treatments for skin conditions prioritised compared to other conditions?
- How is vitiligo viewed relative to other skin conditions?
- Is vitiligo viewed as an autoimmune or a cosmetic / benign skin condition?
- Are you aware of any treatments for vitiligo? (*List of commonly used vitiligo treatments as prompts*)
- Are you aware of any local policy documents relevant to vitiligo?

3. The Hi-Light trial is a three-arm randomised controlled trial comparing topical corticosteroids and hand-held, home light therapy for children and adults with vitiligo. If the trial results show that home-based light therapy and TCS are effective, what information would you need to help make your commissioning decisions?

4. What would we best do as a research group to make your CCG aware of this as a treatment to be considered for funding?

- Do you have a preferred format for evidence to be presented to your CCG? For instance, a specific proforma or perhaps a video explaining the trial and the results? Is there anything specific which you would like to be included?
- What might prevent your CCG commissioning these treatments if the evidence for their effectiveness was strong?

5. Can you think of anyone else involved in commissioning who might be able to help us with the study?

